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ABSTRACT

This paper reviews the education of students with mental retardation in the United States and offers recommendations to improve their instruction. It begins by discussing the American Association on Mental Retardation's definition of mental retardation and incidence/prevalence data. Disagreements about the definition and incidence data are noted. The history of the treatment and education of individuals with mental retardation in this country is briefly reviewed from the 18th century to the present, noting early institutions, evidence of maltreatment in institutions such as the involuntary sterilization of patients, the gradual provision of educational services to these students, and eventual legal access to regular school programs. Current policies and programs are critiqued, noting these students' continuing lack of access to regular classrooms. Advantages of mainstreaming (such as equal or better academic performance by students with disabilities) and disadvantages (such as lack of individual attention) are discussed. The paper recommends that general education teachers be trained to deal effectively with all students having disabilities and that schools provide supportive services to general education teachers who have students with disabilities in their classrooms. (Contains 10 references.) (DB)

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The Education Of Students With Mental Retardation

In The United States

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Abstract

This paper will examine the education of students with mental retardation in the United States. It will begin by discussing the definition and incidence of mental retardation. Disagreements regarding the definition and incidence are presented. The history of the treatment and education of individuals with mental retardation will then be covered. Following that, this paper will look at current education policies and programs for students with mental retardation. A discussion of the advantages and disadvantages of mainstreaming students with mental retardation into regular classes is included. The role of educators and the need for them to be adequately trained will also be reviewed. This paper concludes with recommendations that if implemented would allow present and future educators to better teach students with mental retardation.

The Education Of Students With Mental Retardation In The United States

Passage of PL 94-142, Education of All Handicapped Children Act, and its successor, PL 101-476, Individuals With Disabilities Education Act (IDEA), represented a watershed in public education. Passage of these laws dramatically increased the number of students with disabilities placed in general education classrooms. Included in this group were children with various degrees of mental retardation. General education teachers must now deal with these students in addition to performing the tasks previously assigned to general education teachers. In order to understand how we have arrived at this situation in the current public school system, this author will examine mental retardation and the historical background of educating students with mental retardation. This author will also cover the existing policies and programs dealing with educating these students, evaluating the advantages, disadvantages, and results of these existing programs. Finally, this author will provide conclusions and recommendations.

Definition and Incidence

The American Association on Mental Retardation (AAMR) includes three main components in their 1992 definition of mental retardation. These consist of significantly subaverage intellectual functioning, concurrent impairments in two or more adaptive skills, and manifestation prior to age 18 years. Individuals with a low IQ score are assessed as having significantly subaverage intellectual functioning. Adaptive skills include communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work.

Including a manifestation period of 18 years in this definition has not generated much interest or controversy (Zigler and Hodapp, 1986). However, not everyone has been or currently is in complete agreement with the other two main components in the AAMR definition. For instance, most sources use an IQ score of less than 70 as the indication of significantly subaverage intellectual functioning. However, from 1959 to 1963, the

AAMR raised the cutoff to an IQ of less than 85. The 1983 AAMR definition used an IQ of 70 while the 1992 AAMR definition uses an IQ score of 75 as the cutoff. Changing the IQ cutoff from 70 to 85 and back to 70 during the early 1960s was based on political and financial considerations as much as on any scientific basis (Edgerton, 1993). Raising the cutoff from 70 to 75 in 1992 was somewhat ambiguous but it allowed the AAMR to classify almost 10 percent of the total population of the United States as mentally retarded (Turnbull, Turnbull, Shank, and Leal, 1995). Others have pointed out the possibility of racial bias in IQ testing (Baroff, 1986; Maloney and Ward, 1979), the ambiguity involved in using any particular IQ score as a determinant of mental retardation (Van Hasselt, Strain, and Hersen, 1988; Ziegler and Hodapp, 1986), and studies showing where individuals could cope in society without necessarily having high IQ scores (Edgerton, 1993). Additional scientific debate exists about whether or not adaptive skills should be included in the definition for mental retardation. Zigler, Hodapp, and Clausen are among those who have argued against including adaptive skills in the definition (Van Hasselt et al., 1988).

In addition to the differences of opinion about how to define mental retardation, there is disagreement about the incidence and prevalence of mental retardation in the United States. The theoretical incidence using an IQ of 70 to define significantly subaverage intellectual functioning would be three percent of the population. Using an IQ of 75 as a cutoff raises the theoretical incidence to almost 10 percent of the population, and using an IQ of 85 as a cutoff raises the theoretical incidence to 16 percent of the population. However, most studies on the incidence of mental retardation in the United States indicate that only approximately one percent of the population has been dealt with in conjunction with mental retardation (Blatt, 1987).

Historical Background

Disagreement about the definition or prevalence of mental retardation does not change the following fact. Public school general education teachers can easily find

themselves faced with a student who would not have been in a public school regular classroom or even in a public school special classroom or resource room a few years ago. The history of the treatment of individuals with mental retardation in the United States is both outrageous and disheartening. The relatively recent initiative to place them in less restrictive environments, to include placing them in general education classrooms, is just one of the efforts made in an attempt to improve the treatment of these individuals.

Prior to 1800, there were virtually no services for individuals with mental retardation. They either stayed with their families, were abandoned to die, or were arrested and placed in prisons. Beginning in the early nineteenth century, private and public residential schools and institutions were created to serve mentally retarded and other handicapped students. The quality of these institutions varied, but many examples of appalling conditions existed. In particular, the public institutions for the mentally retarded were among the worst in the country, functioning as "little more than badly run prisons" (McElroy, 1986, p. 94). Lack of adequate funding did nothing to help the situation. For example, in 1962 the national average expenditure per patient in public institutions for the mentally retarded was less than $5.00 per day. Six states spent less than $2.50 per day per patient (Blatt, 1981). This money was required to cover the cost of clothing, food, care, treatment, and capital development. Given the scarcity of funds, it is little wonder that Blatt and others found horrifying conditions in these institutions while inspecting them during the 1960s.

Established procedures and policies, regarded as acceptable during these earlier years, added to the degradation and misery of the mentally retarded. Beginning in 1907, numerous states passed laws that allowed institutes for the mentally retarded to involuntarily sterilize their patients. Although sterilization was never carried out on a massive scale, 31,000 individuals with mental retardation had been sterilized by 1958 (Malonely and Ward, 1979). In addition, the terms used earlier this century to categorize the different degrees of mental retardation came to be regarded as demeaning and

derogatory insults. Thankfully for those with mental retardation, the earlier terms "idiots," "imbeciles," "morons," and "dull normals" have been replaced by the less offensive terms "profoundly retarded," "severely retarded," "moderately retarded," "mildly retarded," and "borderline" (Edgerton, 1993).

The situation regarding the previously segregated schooling of mentally retarded students gradually began to improve. Compulsory education laws enacted at the end of the nineteenth century forced public schools to admit students who might otherwise have been excluded from school. This included students of low academic ability who were unable to progress at a normal rate. Today, these students might be classified with mild or even moderate mental retardation. In order to accommodate these students, special classes within regular schools and special schools segregated from the regular schools were developed and built to provide them with an education. However, mentally retarded students were still almost always segregated from regular classrooms because of the strong feelings held by others against placing these students in regular classrooms (Van Hasselt et al., 1988).

Lloyd M. Dunn published a study in 1968 that included a powerful attack on the then generally accepted policy of separate education for mildly retarded students in special classes (Warner and Thrapp, 1971). He pointed out that studies by Kirk in 1964, Hoelke in 1966, and Smith and Kennedy in 1967 indicated that mentally retarded students make as much or more progress in regular classes as they do in special classes. He cited a study by Johnson in 1962 to point out the paradox that spending more money and resources to educate mentally retarded students in special classes did not seem to improve their performance. The obvious implication was that we could improve or at least maintain the academic performance of mentally retarded students and save money by placing them in inclusive settings in regular classrooms.

Eventually, mentally retarded students gained greater legal access to regular classrooms through a series of courtroom decisions and the passage of public laws

intended to protect their rights. In 1971, as a result of the landmark Pennsylvania Association for Retarded Citizens (PARC) v. Commonwealth of Pennsylvania decision, the courts ruled that the exclusion of mentally retarded children from public schools was a violation of an individual's constitutional rights. In 1972, the courts ruled in the Mills v. Washington, D.C., Board of Education decision that additional financial expenses and administrative difficulties were not adequate justifications for excluding severely mentally retarded students from public schools. Together with PL 94-142, enacted in 1975, these court decisions further opened the way for the inclusion of mentally retarded students in regular schools and regular classrooms.

Current Policies and Programs

The existing continuum of services available to students with mental retardation allows them to receive an education in one of four settings. The most restrictive environment places these students in a segregated setting, such as a separate school or a residential facility. They can also be educated in special classes conducted in the same building as the regular classes. However, these special classes are conducted in classrooms segregated from the general education classes. The third option is to use a resource room in the same room as a regular classroom where the regular or an itinerant teacher can provide additional instruction. The final option is to mainstream students with mental retardation into regular classrooms without providing additional services.

Despite recent efforts to increase the opportunities for mentally retarded students to attend regular classrooms, the majority of these students are still educated in separate classes. While only 12 percent of their education in 1992 took place in completely segregated environments including separate schools, residential facilities, homes, and hospitals, a mere 6.7 percent of their education occurred in fully inclusive regular classrooms (Turnbull et al., 1995).

In addition, students with mental retardation continue to suffer even in comparison to students with other types of disabilities with respect to their access to regular classrooms.

For example, while less than seven percent of the education students with mental retardation received in 1992 was in a regular classroom, 15 percent of the education for students with emotional and behavioral disorders and 21 percent of the education for students with learning disabilities was in a regular classroom. Overall in 1992, students with mental retardation were twice as likely to be in a separate school and they were almost five times less likely to receive an education in a regular classroom when compared to students with other disabilities (Turnbull et al., 1955).

Advantages and Disadvantages of Mainstreaming

Many people might ask why anyone would want to place mentally retarded students into regular classrooms in the first place. After all, this has not always been regarded as the best solution for the education of these students. Robinson and Robinson reported as recently as 1965 that most special educators preferred to place students with mental retardation in special class settings (Zigler and Hodapp, 1986).

However, since Dunn published his study in 1968 advocating moving students with mental retardation from special classes into regular classes, there have been numerous additional studies supporting this argument. Additional evidence has been gathered supporting the idea that the academic performance of mentally retarded students in regular classrooms is at least as strong as their performance in special classrooms. A study by Budoff and Gottlieb in 1976 showed no difference in academic performance and studies by Carroll in 1967, Walker in 1972, Meyers, MacMillian, and Yoshida in 1975, and Rodee in 1979 showed that students with mental retardation actually performed better academically in regular classrooms (Baroff, 1986). In addition, the social interaction of students with mental retardation improved when they were placed in regular classes.

At the same time, special classes were criticized for their higher costs because they tended to be smaller with more individualized instruction when compared to regular classes. Concerns were also voiced about the often inferior conditions found in special

classrooms and the problems caused by some schools making special classes dumping grounds for students with varied learning and behavioral disabilities. Junior and senior high school students placed in special classes often felt negatively stigmatized. While the behavior of students with mental retardation in special classes was regarded as better than when they were in regular classes, studies by Quay in 1963 and Specker in 1968 indicated this may only have been due to the different standards used by special education and general education teachers to evaluate behavior (Baroff, 1986). Finally, Dunn pointed out a potentially unjust overrepresentation of minorities in special education classrooms, estimating that in 1968 as many as 60 to 80 percent of the students in these classes came from low status minority backgrounds (Warner and Thrapp, 1971).

Given these seemingly overwhelming arguments in favor of moving students with mental retardation out of special classes and into regular classes, why is it that most of their education continues to take place in special classes? It turned out that in practice there were several disadvantages that were not completely outweighed by the previously discussed advantages.

Mainstreaming students with mental retardation into regular classes reduced the amount of individual attention they received. The special education teachers cost money to hire, but they provided individual instruction nearly 27 percent of the time compared to 12 percent of the time for regular teachers (Zigler and Hodapp, 1986). The argument that there was no change in academic performance for students with mental retardation when they were moved from special to regular classrooms was not necessarily an endorsement for mainstreaming these students given their continued extremely low level of academic achievement. Placing students with mental retardation into regular classes did not allow them to erase the negative stigmatization they faced when they were in special classes. In fact, a study by Gottlieb and Budoff in 1973 indicated mainstreaming students with mental retardation into regular classes may even increase the amount of rejection they suffer from nonhandicapped students (Zigler and Hodapp, 1986). Finally,

mainstreaming has not solved the problem of the overrepresentation of minorities in special education classes. Results from Project Prime in 1981 showed no change in the amount of segregation existing in regular and special classrooms after mainstreaming was implemented (Zigler and Hodapp, 1986).

Decisions made by a school district on the type and extent of their mainstreaming programs are often based on the political and philosophical attitudes of educators and parents in the particular school district without regard to the scientific evidence for and against mainstreaming. This becomes an important point for educators because their abilities and attitudes have a significant impact on the perceived and actual success or failure of programs to mainstream students with mental retardation. Studies by Kaufman et al. in 1975, MacMillian, Jones, and Meyers in 1976, and Zigler and Muenchow in 1979 pointed out the necessity for educators to be both knowledgeable and supportive in order for mainstreaming programs to work (Baroff, 1986). Unfortunately, separate studies by Shotel, Iano, and McGettigan in 1972, Guerin and Szatlocky in 1974, and Gickling and Theobald in 1975 indicated that teachers do not feel their training prepared them for dealing with students with mental retardation (Baroff, 1986).

Summary and Conclusions

In summary, the education of students with mental retardation is an important issue for public schools today. Regardless of the criteria used to define mental retardation, there are considerable numbers of students afflicted with the condition. In the past, these individuals could expect very little in the way of compassionate and effective care and education. Within the past 20 years, the situation has changed dramatically for students with mental retardation. As a result of new laws, policies, and procedures they now have significantly greater access to an inclusive public school education. However, their actual opportunities to participate fully in general education classrooms have been limited. While the evidence supporting and attacking the effectiveness of mainstreaming programs is ambiguous, a definite correlation exists between the success or failure of

mainstreaming and the abilities and attitudes of the educators tasked to implement these programs.

This author feels it is understandable that teachers in general education would be uncomfortable performing duties in areas where they have not received training. Less acceptable, if still somewhat understandable, is any reluctance on their part to take on additional duties and responsibilities mandated by the inclusion of students with mental retardation in their classrooms.

This author proposes two steps for all teachers in general education. First, they must be trained in dealing effectively with all students with disabilities. For prospective teachers in teacher education programs, they need both academics and hands-on experience. Teachers already licensed in general education but not trained to handle students with disabilities must also receive academics and hands-on training. These licensed teachers should be provided with this training at no financial cost to themselves. Secondly, schools need to provide some support to general education teachers who have students with disabilities in their classrooms. Simply providing appropriate learning materials would be a start, while assistance on at least a part-time basis from trained special education teachers would be highly desirable.

Students with mental retardation and other disabilities are here to stay in public school general education classrooms. A vital ingredient in the success or failure of the efforts to educate these students is the general education teacher. These teachers need to be willing and able to take on the challenge of successfully educating all of their students.

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